

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/30/2025
NAME OF PROVIDER OR SUPPLIER  Southeast Iowa Regional Medical - Klein Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1307 South Gear Avenue West Burlington, IA 52655	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, resident family interview, staff interviews, and the facility policy, the facility failed to ensure the fall intervention of a bed alarm worked properly for 1 of 3 residents reviewed for falls (Resident #1). The facility reported a census of 146 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1 scored a 9 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated cognition moderately impaired. The MDS indicated resident required substantial/maximal assistance with walking 10 feet, lying to sitting on the side of the bed, and sitting to standing. The MDS revealed resident used an indwelling catheter and always continent of bowel. The MDS indicated medical diagnoses for other neurological conditions; encounter for surgical aftercare following surgery on the nervous system; and hemiplegia. The MDS indicated resident fell once since admission with no injury. The MDS indicated resident took opioids and used bed and chair alarms. The Care Plan revealed a Focus area dated 10/22/25 for Cognitive Loss. The intervention (no date indicated) revealed bed/chair notification to assist staff with awareness of resident needs. The Care Plan revealed a Focus area dated 10/22/25 for Falls. The interventions (no date identified) revealed evaluate assistive devices for strength and safety; evaluate routine and patterns to assist at times needed; and intervene for unsafe behaviors effecting fall risk. Review of the Fall Interventions Plan dated 10/23/25 revealed the following selected interventions: a. 10/12/25: frequent regular rounding b. 10/20/25: routine toileting with rounding c. 10/20/25: bed alarm evaluated. Batteries replaced, set to audible. Signs posted to call for assist. d. 10/23/25: room change- move closer to nursing med carts/dining room. e. No date identified: seizure precautions f. No date identified: chair/bed alarms for notification of resident need. Review of the Progress Note dated 10/17/25 at 12:09 PM, revealed patient continues on skilled services PT/OT (Physical Therapy/Occupational Therapy) for meningioma. She transfers 1 assist with walker. WTD (Walk to Dine). Reports 1/10 pain to surgical site to head. Patient received scheduled Tylenol this morning. Patient know to get up on. She needs constant reminders. Bed and chair alarm in use. Call light within reach. Patient straight cathed using sterile technique with 550 ml of urine out. Patient tolerated procedure well. Review of the Post Fall Evaluation dated 10/20/25 at 3:20 AM revealed the following: a. Oriented to self; not oriented to situation or time b. Able to bear weight and no change from their usual ROM or weight bearing c. No apparent injury; no treatment needed d. Neurological Evaluation: pupils are equal and reactive to light e. Mechanism of Fall: 1. Location of fall: resident bathroom [ROOM NUMBER]. Description of Fall activity: unknown, found on floor 3. Bed alarm in place- yes; alarm sounded- no 4. Resident statement related to fall- resident asked why she got up unassisted and she stated, I don't know. I just want to get back to bed. 5. Fall unwitnessed. 6. First responder statement related to unwitnessed fall: Certified Nurse Aide (CNA) reported hearing someone yell while he was in the hallway. Patient was found sitting on bathroom floor leaning against the wall. Patient was on the right side of the toilet with leg extended out. Front Wheeled [NAME] (FWW) was in front of the toilet. She did not call for assistance before ambulant in room. Patient. denied hitting head. 7. Patient. educated on the importance of safety and calling for assistance. The Fall Scene Investigation Report (no date indicated) revealed Staff B, Registered Nurse (RN) a. Re-creation of last 3 hours before fall: Patient was last seen lying in bed approximately 3:00 AM, CNA (Certified Nurse Aide) was making rounds and heard someone yell. He found patient sitting on BR (bathroom) floor by toilet with legs extended out. Patient had disconnected/pulled cath apart. Patient stated she didn't know why she was in BR, but before returning to bed she stated she needed to have a BM (bowel movement). No apparent injury. Later (complained) back pain approximately 5:00 AM. b. Fall Huddle: What appears to be the initial root cause of the fall? Patient cognitive state c. Describe new intervention put in place to prevent future falls: replace bed alarm Review if the final report of Computed Radiography (CR) hip 2 or 3 View right (RT) with or without pelvis, dated 10/20/25 at 2:37 PM revealed: a. Reason for exam: pain b. Clinical history: fall with hip and low back pain c. Findings: Bone and joints: Osteopenia. No acute fracture or malalignment. Mild degenerative changes of the bilateral hips and lower lumbar spine. d. Soft tissue: postsurgical changes are seen projecting over the lumbar spine. Sacral stimulator is seen on the right atherosclerosis. e. Impression: no acute findings. Review of the final report of the CR Lumbar Spine AP (anterior/posterior) LAT (Lateral), dated 10/20/25 at 2:49 PM revealed the following: a. Reason for exam: pain b. Report: c. Indications: fall today, low back pain d. Technique: AP, lateral and spot lateral views of the lumbar spine e. Comparison: prior exam dated 1/17/2019 f. Findings: Diffuse</p>		